

<b>Case Number:</b>	CM15-0140230		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female with an industrial injury dated 03-29-2012. The injured worker's diagnoses include lumbar herniated nucleus pulposus with moderate to severe degenerative changes with central and foraminal stenosis at L4-L5 and L5-S1; bilateral lower extremity radiculopathy, right greater than left; left shoulder ligamentous injury and medication induced gastritis. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine, prescribed medications, transcutaneous electrical nerve stimulation (TENS) unit, lumbar brace, physical therapy, acupuncture, cortisone injections, lumbar epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 06-23-2015, the injured worker reported ongoing lower back pain. The injured worker reported the use of Prilosec for medication induced gastritis and gastroesophageal reflux disease symptoms at night. Lumbar spine exam revealed tenderness to palpitation with increased muscle rigidity, decrease range of motion with muscle guarding, palpable numerous trigger points in the lumbar spine and significant pain with extension. Physical exam also revealed decreased sensation along the lateral calves at L5-S1 distribution and bilateral positive straight leg raises, right worse than left. The treating physician prescribed Prilosec 20mg #60, now under review. The medication list includes Prilosec, Norco and Anaprox. The patient has had history of medication induced gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prilosec 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk, page 68-69.

**Decision rationale:** Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The patient has had a history of medication-induced gastritis. The patient is also taking Anaprox. The injured worker reported the use of Prilosec for medication induced gastritis and gastroesophageal reflux disease symptoms at night. Therefore, there are significant GI symptoms, along with NSAID use. The request for Prilosec 20mg #60 is medically necessary and appropriate for this patient.